

# APPLICATION FOR AN EXTENSION OF A TEACHER INTERN CERTIFICATE

For use in requesting an extension of a Teacher Intern Certificate..

## ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117

Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

### GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- o Copy of valid fingerprint clearance card issued by the Arizona Department of Public Safety
- o Letter or contract signed by the district superintendent indicating grade-level and content assignment
- o Letter from the institution of higher education indicating that participant is making satisfactory progress in the State-Board approved teacher preparation program (official transcripts must accompany the letter.)
- o Completed "request for Extension" form

This certificate is only processed through the Phoenix office.

### PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: \_\_\_\_\_  
(For identification purposes only)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M / F

Full Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Number or P.O. Box City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Home) (Home)

Ethnicity: \_\_\_\_Asian or Pacific Islander \_\_\_\_Black or African-American (Not-Hispanic) \_\_\_\_Hispanic or Latino  
\_\_\_\_White (Not-Hispanic) \_\_\_\_American Indian or Alaskan Native \_\_\_\_Other

(Gender and Ethnicity are requested for federal reporting purposes only)

I would like to extend my Teacher Intern Elementary, Secondary, or Special Education Certificate for one year.  
(Circle)

### CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

**ATTN:** If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. Have you ever had any professional certificate or license, revoked or suspended?.....YES\_\_\_ NO\_\_\_
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES\_\_\_ NO\_\_\_
3. Have you ever been convicted of any felony offense?.....YES\_\_\_ NO\_\_\_
4. **Have you ever been arrested for any offense for which you were fingerprinted?**.....YES\_\_\_ NO\_\_\_
5. **HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

- a Second-degree murder YES\_\_\_ NO\_\_\_  
b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age YES\_\_\_ NO\_\_\_  
c Sexual assault YES\_\_\_ NO\_\_\_  
d Molestation of a child YES\_\_\_ NO\_\_\_  
e Sexual conduct with a minor YES\_\_\_ NO\_\_\_  
f Commercial sexual exploitation of a minor YES\_\_\_ NO\_\_\_  
g Sexual exploitation of a minor YES\_\_\_ NO\_\_\_  
h Child abuse YES\_\_\_ NO\_\_\_  
i Kidnapping YES\_\_\_ NO\_\_\_  
j Sexual abuse of a minor YES\_\_\_ NO\_\_\_

- k Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES\_\_\_ NO\_\_\_  
l Child prostitution as prescribed in section 13-3212 YES\_\_\_ NO\_\_\_  
m Involving or using minors in drug offenses YES\_\_\_ NO\_\_\_  
n Continuous sexual abuse of a child YES\_\_\_ NO\_\_\_  
o Attempted first-degree murder YES\_\_\_ NO\_\_\_  
p Any other dangerous crime against children as defined in section 13-604.01 YES\_\_\_ NO\_\_\_  
q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES\_\_\_ NO\_\_\_

- r Any offense causing you to register as a sex offender YES\_\_\_ NO\_\_\_  
s First-degree murder YES\_\_\_ NO\_\_\_  
t Armed Robbery YES\_\_\_ NO\_\_\_  
u Incest YES\_\_\_ NO\_\_\_  
v Exploitation of minors involving drug offenses YES\_\_\_ NO\_\_\_  
w Sexual abuse of a vulnerable adult YES\_\_\_ NO\_\_\_  
x Sexual exploitation of a vulnerable adult YES\_\_\_ NO\_\_\_  
y Commercial sexual exploitation of a vulnerable adult YES\_\_\_ NO\_\_\_  
z Abuse of a vulnerable adult YES\_\_\_ NO\_\_\_  
aa Molestation of a vulnerable adult YES\_\_\_ NO\_\_\_  
bb Neglect of a vulnerable adult YES\_\_\_ NO\_\_\_

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

\*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.

www.ade.az.gov/certification